Medical Necessity Criteria

Non-24-Hour Diversionary Services
Community Support Program (CSP)

Community Support Programs (CSPs) provide an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to Members with psychiatric or substance use disorder diagnoses and/or to Members for whom their psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services. These programs provide support services that are necessary to ensure Members access and utilize behavioral health services. CSPs do not provide clinical treatment services, but rather provide outreach and support services to enable Members to utilize clinical treatment services and other supports. The CSP service plan assists the Member with attaining their goals in their clinical treatment plan in outpatient services and/or other levels of care and works to mitigate barriers to doing so.

In general, a Member who can benefit from CSP services has a mental health, substance use disorder, and/or co-occurring disorder that has required psychiatric hospitalization or the use of another 24-hour level of care, or has resulted in serious impairment with a risk of admission. CSP services are used to prevent hospitalization. Usually in combination with outpatient and other clinical services, they are designed to respond to the needs of individuals whose pattern of service utilization or clinical profile indicates high risk of readmission into any 24-hour behavioral health inpatient/diversionary treatment setting.

These services are designed to be maximally flexible in supporting individuals to implement their clinical treatment plans in outpatient and/or other levels of care and attain the skills and resources needed to maintain community tenure. Such services may include:

- Assisting Members in improving their daily living skills so they are able to perform them independently or access services to support them in doing so.
- Providing service coordination and linkage.
- Providing temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources (e.g., public transportation resources, PT-1 forms, etc.).
- Assisting with obtaining benefits, housing, and healthcare.
- Collaborating with Community Behavioral Health Centers (CBHCs), Emergency Department (ED) Evaluation Teams, Mobile Crisis Intervention (MCIs) and/or outpatient providers; including working with ED Evaluation Teams/CBHCs/MCIs to develop, revise, and/or utilize Member crisis prevention plans and/or safety plans as part of the Crisis Planning Tools for youth.
- Fostering empowerment, recovery, and wellness, including linkages to recovery-oriented peer support and/or self-help supports and services.

These outreach and supportive services are directed primarily toward adults and vary according to duration, type, and intensity of services, depending on the changing needs of each individual. Children and adolescents are eligible for CSP services; however, their needs may be better served by services within the Children's Behavioral Health Initiative (CBHI).

Community Support Program services are expected to complement other clinical services that are being utilized by the individual and support the Member's attainment of their clinical treatment plan goals.

Criteria

Admission Criteria

*The following criteria are necessary for admission to this level of care**:*

1. The Member demonstrates symptomatology consistent with a DSM-5-TR diagnosis.

***AND** at least one (1) of the following:*

2. The Member is at risk for admission to 24-hour behavioral health inpatient/diversionary services, as evidenced by one or more of the following:
    a. Discharge from a 24-hour behavioral health inpatient/diversionary level of care within the past 180 days.
    b. Having more than one acute behavioral health service encounter, including Adult or Youth Mobile Crisis Intervention (AMCI/YMCI) services, Adult or Youth Community Crisis Stabilization (ACCS/YCCS) services, services provided by an Emergency Department (ED), or behavioral health services provided on an urgent care basis or at a restoration center within the past 90 days.
    c. Documented barriers to accessing and/or consistently utilizing essential medical and behavioral health services.

Exceptions may be made on a Member-by-Member basis.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

Exclusion Criteria

***Any** of the following criteria may be sufficient for exclusion from this level of care:*

1. The Member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention.
2. The Member has severe medical conditions or impairments that would prevent beneficial utilization of services.
3. The Member is receiving similar supportive services and does not require this level of care.
4. The Member, and their parent/guardian/caregiver when applicable, does not consent to CSP services.

Continued Stay Criteria

***All** of the following criteria are necessary for continuing in treatment at this level of care:*

1. Severity of illness and resulting impairment continue to warrant this level of care in order to maintain the Member in the community and continue progress toward CSP service plan goals and clinical treatment plan goals.
2. The Member's treatment does not require a more-intensive level of care, and no less-intensive level of care would be appropriate or is available.
3. After initial evaluation and stabilization, it is determined that the presenting symptomatology is indicative of a DSM-5-TR diagnosis (inclusive of psychosocial and contextual factors and disability, as applicable), which is amenable to continued services at this level of care. Conditions that would not be appropriate for continued CSP services are:
    a. Permanent cognitive dysfunction without acute DSM-5-TR diagnosis.
    b. Primary substance use disorder requiring treatment in a specialized level of care.
    c. Medical illness requiring treatment in a medical setting.
    d. Impairment with no reasonable expectation of progress toward CSP service plan goals at this level of care.

   e. Chronic condition with no indication of need for ongoing services at this level of care to maintain stability and functioning.
4. CSP services are rendered in a clinically appropriate manner and focused on the Member's behavioral and functional outcomes as described in the CSP service and discharge plans.
5. CSP service planning is individualized and appropriate to the Member's age and changing condition, with realistic, specific, and attainable goals and objectives stated. CSP service planning includes family, support systems, social, educational, occupational, medical, and interpersonal assessments. This process should actively involve family, guardian, and/or other support systems unless contraindicated. Expected benefit from all planned services is documented. The CSP service plan is updated and implemented with consideration of all applicable and appropriate services and treatment modalities.
6. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
7. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of CSP services and clinical treatment services have not yet been achieved, or adjustments in the CSP service plan to address lack of progress are documented.
8. The Member is actively participating in the CSP service plan and related treatment services, to the extent possible consistent with the Member's condition.
9. Unless contraindicated, the family, guardian, and/or natural supports are actively involved in CSP services as required by the CSP service plan, or there are active efforts being made and documented to involve them.
10. When medically necessary, the Member has been referred to appropriate psychopharmacological service.
11. There is documented, active discharge planning starting with admission to the CSP program.
12. There is documented, active coordination of services with other behavioral health providers, the PCP, and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate services continue.

Discharge Criteria

Any *of the following criteria is sufficient for discharge from this level of care:*

1. The Member no longer meets admission criteria or meets criteria for a less- or more-intensive level of care.
2. CSP service plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed at a less-intensive level of care.
3. The Member or Member and parent and/or legal guardian is/are not utilizing or engaged in the CSP service. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. In addition, it has been determined that the Member, parent, and/or guardian has the capacity to make an informed decision, and the Member does not meet the criteria for a more-intensive level of care.
4. Consent for the CSP service is withdrawn. In addition, it has been determined that the Member, parent, and/or guardian has the capacity to make an informed decision, and the Member does not meet the criteria for a more-intensive level of care.
5. Support systems that allow the Member to be maintained in a less-restrictive treatment environment have been secured.
6. The Member is not making progress toward CSP service plan goals, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
7. The Member is no longer at risk for admission to a 24-hour behavioral health inpatient/diversionary level of care as defined in Admission Criterion 2.